N N	child because nduct. Yes	nsactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	d" income, tran first consulted	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
₹	d trusts" need not Yes	the Committee on Standards of Official Conduct and certain other "excepted trusts" need not a trust benefiting you, your spouse, or dependent child?	e on Standard	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent
S	ANSWER EACH OF THESE QUESTIONS	-	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
I the onse.	tion in this part must be answered and the schedule attached for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" respons	No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
<u>8</u>	arrangement Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	S ∑	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
N N	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	No	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
₹ <u>X</u>	d receive any n the reporting Yes	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	No X	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
§	regating more Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	× 8	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
		SE QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
assessed les more	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	or Employing Office: ee Termination Date:	Officer or Employee	Status Member of the U.S. State: A House of Representatives District: 39 Annual (May 17, 2010) Amendment
CENTER 5: 48	LEGISI ATIVE PERCUISCE CENTER ACTIVE PERCUISCE CENTER (I.S. HORSING USE STREET LITTLES	Daytime Telephone: (201) 225 - 66-76	Daytime	LIND
	HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

Name
LINDA
4
SANC
HEZ

Page 2 of 7

SCHEDULE I - EARNED INCOME

7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay) federal retirement programs, and benefits received under the Social Security Act.

exclude: willitary pay (such as National Guard of Reserve pay), rederal retirefit programs, and bettems received under the Social Security Active	its received under the Social Sec	Curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples State of Maryland	Legislative Pension	\$9,000
	Spouse Speech Spouse Salary	\$1,000 NA
Sullivan Consulting LC	Spouse Salary	NA
JMS CONSULTINA LLC	Spouse Salary	NA
Connecticut Municipal Electric Cooperative	Spouse Salary	NA
Norwich Public Utilities	Spouse Salary	NA

Τ,

· Money Market Fund	SP CHAPLES SCHWAB IRA	SP BANK OF AMERICA	SP PEOPLES UNITED BANK	00		! —	_	SP, SP Mega Corp. Stock	period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting	BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in 'uncamed' income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).
		*	×	×	*	×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$500,000 \$500,001 - \$500,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	A B C D E F G H I J K L	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
*		*	*	×	*	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Far	m Income)	Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
×		*	×	*	×	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
								S (partial)	please indicate as follows: (S) (partial) See below for example. P, S, E	If only a portion of an asset is sold	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name LINDA T. SANCHEZ

Page 4 of 7

Con	Continuation Sheet (if needed)		Name ()	CINDA 1. JUNCTOR Page	gecor
	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type	BLOCK D Amount of Income To	BLOCK E
SP,			T		סר,
DC,		0 00 00 ,000 00,000			шò
J		5,000 550,000 \$100,00 \$250,0 \$500,0 \$1,000 - \$5,00 - \$25,0 1 - \$50	AINS)/BLIND	500 5,000 60,000 00,000 61,000,00 \$5,000,	
<u> </u>		None \$1 - \$1,000 \$1,001 - \$1 \$15,001 - \$ \$50,001 - \$250,001 - \$500,001 - \$1,000,001 \$5,000,001 \$25,000,000 Over \$50,00	NONE DIVIDENDS RENT INTEREST CAPITAL G EXCEPTED Other Type (Spe	None \$1 - \$200 \$201 - \$1,00 \$1,001 - \$2,0 \$2,501 - \$5,0 \$5,001 - \$15 \$15,001 - \$5 \$50,001 - \$1 \$1,000,001 - \$1 Over \$5,000	
	· 1185 AG SHOCK	X	X	X	
Ł	MSM		*		
	*	*	×	×	
98	tartford life Insurance				
	elife				
	Prod France	×	*	>	
	77.7	×	*	×	
R					
	1	\$	7	< > >	
	Plan GFA			7	
X	Bank of America Swins				
		*	×	×	
20	UBS Financial Services				
	· Money Market Funct	X	X	×	
	· Growin Fund of	<			
	America	4 7	× ×	< /	
	· Citade Broadcasting	***	X		
	Ì				

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Page 5 of 7

Second S	None None	None	None	None	Conti		SP ,P	DC, JT									DC	K				_			
\$1.000	S1 - \$1,000	Si - \$1,000	None Secretary Sin - \$1,000 Carrier Sin - \$1,000 Carrier	None None None None Secretary Si - \$1,000 Si - \$25,000 Si - \$25,0	nuation Sheet (if needed) BLOCK A Asset and/or Income Source							l	time	Trans world	Walmart	Walt	, ,	tsks							
\$50,001 - \$100,000 m leafure of Asset \$100,001 - \$250,000 m s250,000 m s250,001 - \$500,000 m s500,001 - \$5,000,000 m s5,000,000 m s5,000,001 - \$5,000,000 m s25,000,000 m	\$50,001 - \$100,000 m \$100,001 - \$250,000 m \$250,001 - \$500,000 m \$250,001 - \$5,000,000 m \$500,001 - \$5,000,000 m \$1,000,001 - \$5,000,000 m \$25,000,001 - \$50,000,000 m \$25,000,001 - \$50,000,000 m \$25,000,001 - \$50,000,000 m \$00ver \$50,000,000 m NONE NONE NONE NONE INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income	S50,001 - \$100,000	S50,001 - \$100,000	SSO,001 - \$100,000 m S100,001 - \$250,000 m S250,001 - \$1,000,000 m S250,001 - \$1,000,000 m S1,000,001 - \$25,000,000 m S500,001 - \$25,000,000 m S25,000,000 m S25,000			8 (\$15,000	\$1 - \$1 \$1,001	X	×	×	×	×	×	-	*	×	-					_	
\$5,000,001 - \$25,000,000	\$5,000,001 - \$25,000,000	\$5,000,001 - \$25,000,000	\$5,000,001 - \$25,000,000	S\$5,000,001 - \$25,000,000	BLOCK E	/alue of A	17	- \$100,000 \$250,000	\$50,00 \$100,00																
Over \$50,000,000 NONE NONE PRINT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST EXCEPTED/BLIND TRUST	Over \$50,000,000 NONE NONE NONE RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income	Over \$50,000,000 NONE NONE NONE NONE NOTE	Over \$50,000,000 NONE NONE NONE NONE NONE NONE PRENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify) None None None None Section 1996 None	Over \$50,000,000 F	 	sset	ل ا	01 - \$5,000,000 01 - \$25,000,000	\$1,000, \$5,000,																
RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST CONTRACTOR OF THE PROPERTY O	RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income	RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify) None None State of the company of the comp	RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify) None None None State of Type of Income (Specify) None State of Type of Income (Specify)	RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Of Income (Specify)		<u> </u> 	<u> </u>	,000,000	Over \$				7-		~										
EXCEPTED/BLIND TRUST	Other Type of Income	Other Type of Income (Specify) None None **TOTALL STATE OF THE PROPERTY OF	Other Type of Income (Specify) None None **TOTALL PROPERTY OF THE PROPERTY	Other Type of Income (Specify) None None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$5,001 - \$15,000 \$55,001 - \$15,000 \$55,001 - \$100,000 \$50,001 - \$1,000,000 \$50,001 -	BE	o Q		ST .	RENT INTER	7	7	X	X	-	×	X	×	X						_	
		None	None	None	Nock c		T	ED/BLIND TRUST	EXCEP					-				+-						-	
Amount of income 1	\$1,000,001 - \$5,000,000 × Over \$5,000,000 ×	\$1,000,001 - \$5,000,000 × Over \$5,000,000 ×	Over \$5,000,000 ≚			1	σ,	шω:	l																

SCHEDULE V- LIABILITIES

Name LINDA T. SANCHEZ

Page 6 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

			Ţ -				Г
		SP	58			SP, DC, JT	
	WACHOVIA BANK	CHASE BANK	BANK OF AMERICA	NELNET, COUCEADO	Example: First Bank of Wilmington, Delaware	Creditor	
	MORTGAGE ON 105 C Street, NE WASHINGTON DC	CREDIT CARD	CREDIT CARD	STUDENT WAN	Mortgage on 123 Main St., Dover, Del.	Type of Liability	
			X			\$10,001- \$15,000 w	
		X		X	_	\$15,001- \$50,000 ? \$50,001-	
	~				×	\$100,000	
	^					\$250,000 m	
						\$1,000,001- \$1,000,000- \$1,000,001- \$1,000,001-	
						\$1,000,001- \$5,000,000 ±	
						\$5,000,001- \$25,000,000	
					_	\$25,000,001- \$50,000,000 -	
<u> </u>	<u> </u>				L_	Over \$50,000,000 ★	

SCHEDULE VI — GIFTS

relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$345	Value	

SCHEDULE VIII—POSITIONS

F,

Name LINDA T. SANCHEZ

Page 1 of 1

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

				Position	
				Name of Organization	
	3	ļ			

SCHEDULE IX—AGREEMENTS

government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an employee welfare or benefit plan maintained by a former employer; or publication of a book. Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To	Terms of Agreement
 7/2007	7/2007 GRAND CENTRAL PUBLISHING *	VESTED PENSION TO BE PAID UPON RETIREMENT PUBLISHING AGREEMENT - 7.5% POXALTY ON ALL TRADE PAREPBACK EDITIONS SOLD BEYOND FIRST \$35,000 DOLLARS.
	* INADVERTENTLY OMITTED FROM 2008 FIN ANCIAL DISCLOSURE FORM	ANCIAL DISCLOSURE FORM